

Notice of Privacy Practices

Commonwealth Mobile Oral Health Services, LLC

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Commonwealth Mobile Oral Health Services, LLC (hereafter "CMOHS") and its affiliated providers make a

record each time you receive dental care or related services. Your records have information about your symptoms, examination, test results, diagnosis and billing for services. The law requires CMOHS to keep your health information private and also to tell you about how he keeps your health information private. CMOHS is required to abide by the terms of the Notice of Privacy Practices (NPP) currently in effect. You can always request a copy of this Notice from his office.

This Notice applies to individuals or organizations:

- Any health care professional authorized to enter information into your health center chart
- Any dental provider who is employed by CMOHS or who contracts with him to provide dental services
- All of CMOHS's workforce, including employees, volunteers and other contracted personnel

➤ Dorchester House Multi Service Center, Taunton Mobile Oral Health Services, and Boston Medical Center: CMOHS and these organizations share medical information for treatment, payment, and health care operations purposes as described in this Notice.

HOW WE MAY USE AND DISCLOSE (RELEASE) HEALTH INFORMATION ABOUT YOU

Use means sharing health information inside the office practice of CMOHS. Disclosure means release of health information outside the office practice of CMOHS. We may use and disclose health information in the following ways without getting specific permission.

➤ **Treatment, Payment, Health Care Operations**

- **Treatment** – to provide, coordinate or manage your health care and related services. Doctors, nurses, hygienists, technicians, dental students and others involved in taking care of you share medical information about you. Your treatment includes working with people involved in your care before and after your dental services. For example, CMOHS may disclose information to (1) a transportation service that takes you to or from his place of business; or (2) other doctors/dentists who may be treating you, such as the doctor/dentist to whom CMOHS refers you or who is otherwise involved in your care.
- **Payment** for Treatment – to help CMOHS obtain payment for your health care services. Payment activities include (1) checking eligibility or referral from a health plan; (2) reviewing need for and use of services; and (3) sending bills to your insurance company.
- **Health Care Operations** – to help run the office practice or to check the quality of care that you receive. For example, we may combine information from multiple sources about patients to review their care. We may also use health information to review employees' performance or train students. We may disclose your health information to
- "Business Associates" that we hire to help us, such as billing and computer companies, or accountants. All Business Associations must assure us in writing that they will safeguard your health information.

➤ **Other Permitted Uses and Disclosures**

CMOHS may also use and disclose your health information for the following:

- **Appointment Reminders:** sent to you about medical treatment or care.
- **Health-Related Benefits and Services and Treatment Alternatives:** sending information about treatment alternatives or other health-related benefits and services that may interest you.

- **Fundraising Activities:** contacting you about fundraising efforts. Any materials received will contain information on how to remove yourself from the fundraising list.

USES AND DISCLOSURES REQUIRING AN OPPORTUNITY TO AGREE OR OBJECT

For the following uses and disclosures of health information we must provide an opportunity for you to agree or object:

Patient Directory: your name and demographic information are kept in a patient directory. Directory information is disclosed to:

- the Department of Public Health
- the Department of Youth Services

If you are unable to object or agree CMOHS may include you in the directory and disclose your directory information if it is determined it is in your best interest to do so. If you become able to agree or object you will be given an opportunity to express your wishes. If you object to being included in the Patient Directory,

We will not disclose your information to anyone who asks for you.

Persons Involved in Your Care

- To people involved in your care or in payment for your care such as family members, relatives, legal guardians, close friends or other persons you identify.
- When you are not present we may use professional judgment and your best interests and decide to disclose relevant information to an individual who is directly involved in your health care.

Notification

- To notify your family, legal guardian or other person responsible for your care of your location, general condition, or death.

Disaster Relief Purposes

- To authorized public or private entities to assist in disaster relief efforts.
- To coordinate uses and disclosures to individuals involved in your care.

USES OR DISCLOSURES THAT DO NOT REQUIRE YOUR PERMISSION

CMOHS may use or disclose your protected health information in some cases without your authorization. The following list describes the ways this may happen. Not every use or disclosure in a category will be listed. But we provide a brief description in certain cases.

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- **As required by law**
 - For **Public Health Activities**: to prevent or control disease, injury, or disability; to report child abuse or neglect; or as otherwise authorized by law; to report reactions to medicine or problems with products; to notify a person exposed to a contagious disease.
 - To **prevent a serious threat** to health or safety.
 - To **your employer for evaluation** of work-related illness or injury, or for medical surveillance purposes.
 - For **Lawsuits and Administrative Proceedings**: To respond to court or administrative order; to respond to a subpoena or lawful request.
 - For **law enforcement purposes**: To respond to a warrant, identify suspects, or to report crime on dental services property.
 - To **report suspected abuse and neglect** of the elderly, disabled, or nursing home patients to appropriate government agencies.
 - To comply with laws relating to **Workers' Compensation** or other similar programs.
 - To **correctional institution or law enforcement**, if you are an inmate of a correctional institution or in law enforcement custody, to provide you with health care; to protect the health and safety of yourself or others; for health and safety of correctional institution.
 - To **Coroners and Medical Examiners**: To identify, determine cause of death or perform other duties.
 - To **Funeral Directors** to carry out their duties.
 - To **Health Oversight Agencies** for activities such as audits or inspections to oversee the health care system or government programs
 - **Research uses and disclosures permitted without authorization**: Reviews of information to prepare research; research on dead person's information; or research use or disclosure with an approved waiver of authorization. Such waivers require special review and approval.
 - **Special Government Activities**
 - **Military Activities**: To appropriate military command authorities as required, if you are U.S. armed forces personnel; and for foreign military personnel, to appropriate foreign military authorities.
 - To authorized federal officials
 - for lawful national security purposes,
 - to provide protective services for the President and others.
- Request confidential communications of protected health information in a certain way or at a certain place. All requests must be made in writing. If we accept your request, we will require you to provide information about payment handling, alternate address, and contact method.
 - Inspect and copy protected health information that may be used to make decisions about you. This does not include psychotherapy notes, clinical laboratory data or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding. This right is suspended temporarily until study completion for information created or obtained during research. The law permits us to charge a fee for copying costs.
 - Request us to amend information that may be used to make decisions about you. We are not required to agree to your request. We may deny your request if: (1) CMOHS did not create the information, unless the person or entity that created the information is no longer available to make the amendment; (2) the information is not part of the information kept by or for CMOHS to make decisions about you; (3) the information is not part of the information that you are allowed to inspect or copy; or (4) the information is complete and accurate. You must request an amendment in writing and supply a reason to support your request.
 - Receive an accounting of certain disclosures of your protected health information. The accounting right does not apply to disclosures that you have authorized or to disclosures for treatment, payment, and health care operations.
 - Obtain a paper copy of this Notice upon request.

HOW TO EXERCISE THESE RIGHTS OR GET MORE INFORMATION ABOUT THIS NOTICE

To exercise your rights or for more information about matters in this Notice, please contact:

Dr. Mark J. Doherty
12 Colleen Drive
(508) 947-0111 or (508) 958-0959

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated or to file a complaint, please call the office of CMOHS at (508) 947-0111 or (508) 958-0959.

You may also file a complaint with the Secretary of the Department of Health and Human Services.

CMOHS and his affiliates will in no way retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as for any information we receive in the future. If we change the NPP, you will get a new NPP at your next visit for services after the change takes effect.

USES AND DISCLOSURES THAT REQUIRE WRITTEN AUTHORIZATION

Other uses or disclosures of your record will be made only with your written authorization. Disclosures requiring written authorization include drug and alcohol treatment records, mental health records, and AIDS/HIV and genetic testing information. You may withdraw an authorization at any time; however, we are not able to take back disclosures that we have already made with your authorization. Also, you can not withdraw an authorization that was a condition of obtaining insurance coverage. All withdrawals must be made in writing. Contact CMOHS's office at (508) 947-0111 or (508) 958-0959.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Regarding medical information we maintain about you, you have the right to:

- Request restrictions on uses and disclosures of your record for treatment, payment or health care operations. All requests must be made in writing. The law does not require us to agree to restriction requests. For emergency treatment, we may use or disclose restricted information. The right to request restrictions does not apply to uses and disclosures required by law.